

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34687

NOV 10 1952

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 984

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1202 S. Kings		d. STREET ADDRESS (If rural, give location) 1202 S. Kings	

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Beatrice c. (Last) Ingram		4. DATE OF DEATH November 2, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 20, 1877
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR 7 Months 12 Days	11. IF UNDER 1 MIN. 12 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Thomas Cox	13b. MOTHER'S MAIDEN NAME Jemima Dyer	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. Hal Ingram ADDRESS Springfield,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days. b. 6 wks c. at least 2 mo.	
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebro-vascular accident DUE TO (c) Hypertension		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. infarction	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May**, 19**52**, to **1 Nov**, 19**52**, that I last saw the deceased alive on **1 Nov**, 19**52**, and that death occurred at **2 A.** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MA	23b. ADDRESS 1630 N. Jefferson Springfield, Mo.	23c. DATE SIGNED 3 Nov 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Hazelwood
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		

DATE REC'D BY LOCAL REG. 10-3-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

L. Leslie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.